

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000201731

**Entity Name:** SP LIME ROCK, LLC

**Current Principal Place of Business:**

7420 WATERVIEW DR.  
CORNELIUS, NC 28031

**Current Mailing Address:**

7420 WATERVIEW DR.  
CORNELIUS, NC 28031 US

**FEI Number:** 81-0816226

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRUNDER & PETTEWAY, P.A.  
23349 NW CR 236  
SUITE 10  
HIGH SPRINGS, FL 32643 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ORRIN B. POWELL, III

01/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                        |
|-----------------|----------------------|-----------------|------------------------|
| Title           | MGR                  | Title           | MGR                    |
| Name            | POWELL, ORRIN B III  | Name            | DAVENPORT, BETTIANNE P |
| Address         | 7420 WATERVIEW DR.   | Address         | 6141 LAKESHORE DR.     |
| City-State-Zip: | CORNELIUS NC 28031   | City-State-Zip: | COLUMBIA SC 29206      |
| Title           | AMBR                 | Title           | AMBR                   |
| Name            | POWELL, VICKERY P    | Name            | TRAMMELL, KATHRYN P    |
| Address         | 38 SOUTHLAND AVE APT | Address         | 101 BANFIELD CT.       |
| City-State-Zip: | GREENVILLE SC 29601  | City-State-Zip: | ANDERSON SC 29621      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORRIN B POWELL III

**MANAGER**

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date